By Tracy Crews at 3:27 pm, May 06, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of Send copy to Department of Health and Senio	f the regular monthly r Services; retain origi	preventative mainter	nance check, and	whene	ver instrument i	s repaired.
ALCO SENSOR IV SN 111751	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFF			DATE OF INSPECTION 05/04/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA				TIME OF 6:03 ar	INSPECTION m	1
CHECKLIST: Place a mark in the box by each it where determined.) Unmarked items must be determined.	tem if found to be satis	factory or if operating	g within establish	ed limits	. (Write in obser	ved values
☑ DIGITAL READOUT (ALL ELEMENTS OP		instrument.				
✓ TEMPERATURE OF ALCO SENSOR (10°)		To the state of th				
PRINTER WORKING PROPERLY	y photos					
☑ TIME AND DATE DISPLAYING PROPERL	_Y					
BREATH ALCOHOL ACCURACY STANDARD	os					
☐ SIMULATOR SOLUTION		☑ COMPRESSE	D ETHANOL-GA	AS MIXT	URE	
STANDARD SUPPLIER INTOXIMETER:						
☐ SIMULATOR TEMPERATURE (34°C ± 0.2	e°C) SII	M. SN	SIM. N	IST EXF	P DATE	
less. Check the box corresponding to the st 0.100% STANDARD - MUST READ B 0.080% STANDARD - MUST READ B 0.040% STANDARD - MUST READ B	ETWEEN 0.095% and ETWEEN 0.076% and	d 0.105% INCLUSIV d 0.084% INCLUSIV	E E			
TEST 1 ■ .104	EST 2 ☞ .103		TEST 310	1		# 1700 mm 100 mm 100000
RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		G RANGES SINCE	THE LAST MAIN	ITENAN	ICE REPORT:	
REFUSALS 0 (004) 19	(.0509) 3	(.1014) 5	(.1519)	3	(OVER .19)	1
List any new parts and describe any alteration established limits (use other side if necessary). INSTRUMENT OPERATING SATISFACTO				operati	e satisfactorily a	and within
INSPECTING OFFICER						
Johns than Uren			Johnathan We	ells		
TYPE II PERMIT NUMBER/EXPIRATION DATE 240088; 04/02/2024			TELEPHONE NUMBER (573) 875-111	1		
Return completed report to the: Breath Alcol by mail, fax,		artment of Health ar			neast District Off	fice

AS IV Serial no: 111751 Version no: 532B

Temp Air Blank: 05/04/24 06:07 Calibration Check: 17 05/04/24 06:07 TEST RECORD 00810 Date Time . 194 . 999 9/ 210L

Subject Name

Subject I.D. MANTENANCE

Operator Name, I.D. TEST ONE

Location ine 11) 8800HB

31116 count ac

> Uersion no: 532B AS IV Serial no: 111751

Air Blank: 05/04/24 06:09 .000 Calibration Check: 18 05/04/24 06:09 .103 Temp TEST RECORD 00811 Date Time 9/ 210L

Subject Name

Subject I.D. MAINTENANLE

Operator Name: I.D. Location) MEIN TEST TWO 8400 BB

All 6. whith Dr

Uersion no: AS IV Serial no: 111751 Version no: 532B

TEST RECORD 00812

Air Blank: .000 Calibration Check: 19 05/04/24 06:11 .101 Temp Date 7ime 210L

Subject Name

Subject I.D. Manternce

Operator Name, I.D. 74st Three

MAN SHOOPS

Location

JUL 6 COMMY DO

AS IV Serial no: 111751 Version no: 532B

Temp TEST RECORD 00813 Date Time 210L

UQID: RFI 12 05/04/24 06:14 Subject Name

Subject I.D. MAINIENANCE

Operator Name, I.D. Location J. Melly 8800h6

3111 C COMMY DC



Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 5-Apr-2023

Lot # AG309502 Model 108

Exp Date 5-Apr-2025 Cyl. Type 108 **Component** Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrog

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration		
EB0010581	391.8 ppm		
EB0010570	259.8 ppm		
EB0010285	209.0 ppm		
EB0010561	103.7 ppm		
EB0010681	52.22 ppm		

RGM Serial No.	Concentration
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010562	104.2 ppm
EB0010579	52.94 ppm

CRM Serial No.	Concentration
CC727481	800.0 ppm
CC727496	253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.05.2023 17:55

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

JOHNATHAN WELLS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

MA

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DATE 4/2/2024		/ (ike / lassmi		
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER :	240088			
EXPIRES :	4/2/2026	Davla J. Nichelson		
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator WELLS, JOHNATHAN

Permit No 240088

Date Issued 4/2/2024 Date Expires 4/2/2026

